21 MM 4011

П	OBTS Number ARREST / NOTICE TO APPEAR 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capies 1						•											
w l	Agency ORI Nu	_	A	gency Nam	REAM P	OLICE D	EDADT	ENT		Agency	Repo	rt Number	(N.T.A.'c	s only)	21	112	D	
STRATIVE	FL050130				. Misdemear			dinance		ľ	Neapor	Seized / Ty	pe			ultiple		
	ChargeType: Check as many as apply.	1. Felor	•	===	I. Traffic Mis		☐ 6. Ott	her				Seized / Ty 1. Yes 2. No				learance idicator	<u>.</u>	
ADMIN	Location of Arrest (in 548 PALM WAY GI	-		rs)				Location 540 PALN				ime, Addres FL 33483	s)					
₹	Date of Arrest		ime of A	rrest	Booking Dat	e Book	dng Time J	ell Date		Jail Time		Location o	f Vehicle					
	06/03/20		001	2														
П	Name (Last, First, Middle) CALICCEIO, THOMAS																	
Н			I Se	ex Date	of Birth		Height	1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·						Build				
П	Race W - White I - American Indian B - Black O- Oriental/Asian Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) Race W - White I - American Indian W - Indian MED Indian Religion Alcohol Indian Alcohol Indian Alcohol Indian Alcohol Indian																	
П	Scars, Marks, Tatoos UNIKNOWN	i, Unique Physci	ni Feature	es (Location,	i ype, Descripi	oon)			- 1'	ARRIED		NONE		Alcoho	Influence Muence	8		Unk.
닐	Local Address (Stree	t, Apt. Number)			(City)		(State)	(Zip)	Phone				Residen 1. City 2. Coun	се Туре:	. Florida		3
NDA	546 PALM WAY Permanent Address (Circuit Ant Num	her)	GULF S	TREAM (City)		(State)	33483 (Zip	5)	(561 Phone		-0678			Source	. Out of	State	J <u>E</u>
DEFEN	540 PALM WAY	Suber, Apr. Hori	,,,,,	GULF S	TREAM		FL	33483		(561		8678		DAVID			, <u></u>	
	Business Address (N	ame, Street)			(City)		(State)	(ZJ¢	>)	Phon	•			Occupa	Δ.	time	d	
	UNICHOWN D/L Number, State			Soc.	Sec. Number			INS	Number	44		P	ace of Bir	*A/e	REV TO	H	Citizensh	hip
Ш	C428-828-57-818-0/FI										te of Br		DENOTED IN	Hu	NO	12	US	
1	Co-Defendant Name	(Last, First, Midd	He)					Race	Sex	4	RE OI BI			Arrested At Large		☐ 3, Fed ☐ 4, Mid	rony sdemeand	or
CO-DEF	Co-Defendant Name	(Last, First, Midd	ile)					Race	Sex	Da	te of Bi	rth	□ 1. <i>i</i>	Arrested		3 Fe	onv	
Ŭ						(First)		<u></u>		Aiddle)			2.4	At Large		5. Jun	demeano renile one	
	Parent Legal Custodian Other:	Name (Last)			(ги ві)			,"						1)		4
l	Address (Street, Apt.	Number)				(City)	11 0	4X		State)	-	(2)	p)	-	Busin	ess Pho	ne	
l	Notified by Alexal				\mathcal{A}	\leq 4	Date	Ti	ne	Ju	venile (Disposition			(
او	Notified by: (Name)				1		22.			1.	Handle Dept. a	isposition d/ processed nd Released	l within I.		OT HRS / D'			
JUVEN	Released To: (Name)						Relationship	D							Date		Time	
֓֞֞֞֞֞֞֞֩֓֓֓֞֩֞֞֩֓֓֓֓֟	The above address to keep the Juvenile	provided by	defend	ant and / or	defendant's	parents The	child and / o	r parent w	as told	- 1	School	Attended					Grade	
	Yes, by: (Name)				med of any	change of a (Reason)	adress.								<u>.</u>			
	Property Crime? Yes No	Description	n of Prop	erty						- [Value o	f Property						j
뻘	Drug Activity S. N. N/A B. P. Possess T.	Sell R. Buy D.	Smuggle Deliver	K. Dis	pense/ M. ribute	Manufacture Produce/	/ Z. Other	Drug Tyl	pe	C. C	arbitura ocaine	M.	Hallucinog Manjuana	í	Equip	hemalia ment	U. Un Z. Oti	nionown ther
CODE	P. Possess 1.	Traffic E.	Use		-	Cultivate	Domestic	A. Amph Statute	etamine Violation	_	eroin	O.	Opium/De	nv.	S. Synth		on of ORI	D#
RGE	Charge Description	DOMESTIC BAT	TERY			1	Violence ☑Y □ N				784.630	1)(a)(1)	1	ļ Lietus	la La reconsideration	راً . العدد		
HAR	Drug Activity Drug Ty		/ Unit		Offense #			Warrant	(Capies	Number			HIM	nο	2011	Bond		
Ľ	Charge Description	72			<u> </u>	Counts	Domestic	Statute '	Violation	Number			FILL	-0-3	-6-41		ion of OR	₹D#
9 0 0 0	Orterge Ecoumpilar					<u> </u>	Violence N		$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	107	٠,,	CIRCL	77			JUNI		
CHARGE	Drug Activity Drug Ty	pe Amount	/ Unit		Offense f	•		Warrant	/ Capias	ri denbef	IIV	Ma:	(Urim	anciesi Ali	Lating.	Sond	اــــ	
H	Charge Description		7			Counts	Domestic Violence	Statute	Violation	Number	Ri	7011	11/1	JAT	101	Violati	on of OR	D#
CHARGE			1 Hade		10#	<u></u>	DY DN	Warrant	/ Capias	Number	. 17	باللاد	RiFF	•	· U/V	ond		
č¥	Drug Activity Drug Ty	pe Amount	i Unit		Offense #			***************************************	. vapies				~ L					
_	Charge Description					Counts	Domestic Violence	Statute \	/iolation	Number						Viola	tion of OF	RD#
CHARGE	Drug Activity Drug Ty	rpe Amount	/ Unit		Offense #	<u> </u>	I DY DN	Warrant	/ Capias	Number						Bond		
Ę	ugorny Diog 1)							L										
	Location (Court, Raom Number, Address)																	
APPEAR	200 W. Atlantic Avenue Courtroom #1, Delray Beach, FL. 33444																	
9			Day			Year		Time				AM	ED	IDED^~	PM	T EUO!	I D I WA	FILLY
SE T	MONIN AGREE TO APPEA FAIL TO APPEAR BE	R AT THE TIME FORE THE CO	AND PL URT AS F	ACE DESIGN REQUIRED B	NATED TO AN Y THIS NOTIC	ISWER THE E TO APPE	OFFENSE C AR, THAT I M	HARGED IAY BE HE	OR TO F	ONTEM	T OF	SUBSCRIB COURT AND	DA WARE	RANT FO	OR MY AR	REST SI	HALL BE	ISSUED
Ε̈́ο												Date Sign		~~	aat	NIT		
L		re of Defendant	(or Juve					·		T 81-	me Ve	rification (Pr	`) (μ	IYE	<u>I</u>	
	HOLD for other Agen Name:	су			Signature of A		ser Nevar	d		148	., (FC V C	IIIVEUUII (F7			นกว	202	1	
MIN	Dangerous	Resisted An	rest			sting Officer			1.D.#		PRINT)			JU	y <u>0</u> 3	477		or.
ĸ		Other:			OFC. JUSTIN	AFFRIA DITO			761								PAG	UE.
F	Interfect Deputy I.D.# Pouch# Transporting Officer ID# Agency Witness here if subject signed with an -X" 1 OF 2								Agency	辶								
F	Intake Deputy	<u> </u>	D. # Po	ouch #	Transporting	Officer	761 G	νιθ <i>9</i> ή Ε10F_	Agency	D W	tness h	ere If subje	ct signed	with an	-X ^H		1 o	ж

П	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Art 2. N.1		Request Request			1	ı	venile	Г		
ĭ∨E	Agency ORI Number Agency ORI Number Agency A	ency Name GULF ST	REAM POL	ICE DE	PARTN	AENT		Agency	Repo	rt Number	(N.T.A.	s only) 44-					
NISTRATIVE	ChargeType: 1. Felony		Misdemeanor	[_	dinance		٧	Vespon	Seized / Ty . Yes . No	pe			Multip			
NIS	as apply. 2. Traffic Felony Location of Arrest (Including Name of Business		Traffic Misdem	eanor [6. Oti		of Offer			. No me, Addres		•		indica	ator	ــــــــــــــــــــــــــــــــــــــ	
ADM	548 PALM WAY GULF STREAM, FL 33483					540 PALM		CULF STR		L 33483							
	Date of Arrest Time of Arr 06/03/20 CO [2		Booking Date	Booking	Time J	eil Date		Jail Time	ł	Location o	f Vehicle		-				
Γ	Name (Last, First, Middle) CALICCHIO, THOMAS	•					•	Alies (f	lame, [008, Soc. 5	Sec. #, Et	c.)	·				
	Race Sex W - White I - American Indian B - Black 0- Oriental/Asian W N	x Date of	of Birth	<u> </u>	Height	T	Weight 175		Eye (Color	Hair Col	1	Compl	exion	1	uild IED	
	Scars, Marks, Tatoos, Unique Physical Features			-	1 39/		F	Andri Cla		Religion	GRET	Indication Alcohol	n ot		Y	N	Unk.
	UNKNOWN Local Address (Street, Apt. Number)		(City)	(SI	ate)	(Zip		MARRIED		NONE		Drug Int	luence			Ö	<u>Z</u>
NAN.	540 PALM WAY	GULF ST		FL		33483	,	(561) 400-	9678		1. City 2. Count	y	3. Fk	orida ut of Sta	le .	35
FEN	Permanani Address (Street, Apt. Number)		(City)	(St	ate)	(Zip 33483)	Phone / 561	\ 400-4	3	- 1	Address DAVID	Source				
ء	548 PALM WAY Business Address (Name, Street)	GULF ST	(City)		ate)	33443 (Zip)	Phone		10/10		Occupati				 I	
	UNKNOWN		· · ·			LNICA	lumber	(_)		ace of Bir	Ala		ĒΥ,	روو	zenship	
	D/L Number, State C429-829-57-010-9/FL	Soc. S	Sec. Number			140514					BC4 OF BIT	Hei	が	32	Z vs	•	
Į,	Co-Defendant Name (Last, First, Middle)					Race	Sex	Dai	e of Bir	Ih		Arrested At Large		□ 4	i. Felony I. Misder I. Juveni	we sucr	
8	Co-Defendant Name (Last, First, Middle)					Race	Sex	Dat	e of Bir	th	□ 1. <i>i</i>	Arrested		3 4	. Felony . Misde	neanor	
Н	Parent Name (Last)		(Fr	rsl)	·	<u></u>	. (Widdle)	/		1 4 2	At Large	Re		. Juveni e Phone		
l	Parent Name (Last) Legal Custodien Other: Address (Street, Apt. Number)		(0	City)			Y	(State)		(Z)	p)		Bu	siness	Phone	·	
l													1				
EMLE	Notified by: (Name)			De	ile .	Tin	14	111	enile Di landled Sept, an	sposition / processed d Released	within		T HRS / arcered				'
ŠEN	Released To: (Name)			R	etationship								Date			ime	
	The above address provided by Udefender to keep the Juvenile Court Clerk (Phone 355-U Yes, by: (Name)	nt and / or L -2526) infor	defendant's pare	nts The ch ge of add	iid and / o ress.	r parent w	as told	S	ichool A	Mended					1	Srede	
	Property Crime? Description of Proper Yes No	rty	L) NO: (Ress	onj	7				alue of	Property							
<u> </u>	Drug Activity S. Sell R. Smuggle N. N/A B. Buy D. Deliver	K. Dispe	nse/ M. Menu bute Prodi	ifacture/ 2	Z. Other	Drug Typ	•		rbiturat caine	M. I	lallucinog Marijuana		P. Par Eq.	iomen	t .	U. Union Z. Other	own r
CODE	P. Possess T. Traffic E. Use Charge Description		. Cultiv	rate _{Hunts} De	omestic	A. Amphe Statute V	tamine	E. He	roin	0.0	Opium/De	riv.	S. Syn			ORD 1	,—
CHARGE	DOMESTIC BATTERY		I Office In A		olence Y N	Werrant I	Canica		84.63((1)(a)(1)			- 1	Bond			_
ĊΈ	Drug Activity Drug Type Amount / Unit		Offense #			Weiren I	Capies	(AGI(ID4)									
GE	Charge Description		Co	vi	omestic Iolenca Y N	Statute V	'iolation	Number						_	loistion	of ORD	*
CHARGE	Drug Activity Drug Type Amount / Unit	VY	Offense #	<u></u>		Warrant /	Capies	Number						Bond			
Н	Charge Description		Co	V	omestic iolence	Statute V	iolation	Number						Vi	olation o	f ORD i	ţ
CHARGE	Drug Activity Drug Type Amount I Unit		Offense #	1]Y □ N	Warrant /	Capias	Number						Bond			
F	Charge Description		[Co		Omestic folence	Statute V	iolation	Number		-				T	/lolation	of ORD	#
ARGE	Drug Activity Drug Type Amount / Unit		Offense #		N D A	Warrant	Capies	Number					1	Bon	ıd .		
ö			L														
ΑA	Location (Court, Room Number, Address) 200	W. Atla	ntic Aven	ue Co	urtro	om #1	, De	lray B	eacl	1, FL. :	33444	<u> </u>					
TO APPEA	Court Date and Time Month Day		Yea	ar		Time				AM			PM	l			
JE TO	I AGREE TO APPEAR AT THE TIME AND PLAY FAIL TO APPEAR BEFORE THE COURT AS RE	CE DESIGNA	TED TO ANSWE	R THE OF	FENSE CI	HARGED (OR TO I	PAY THE	FINE S	UBSCRIBE	D. I UN	DERSTA	ND TH	AT SH RRES	IOULD T SHAL	WILLF	ULLY SUED
Ĕ										Date Sign							
L	Signature of Defendant (or Juvenile HOLD for other Agency		gnature of Arrestig	ng Officer				Nan	ne Veri	fication (Pri		rrestee)					
	Name:	x		me	nar	2				-	-						
ADMIN	Dangerous Resisted Arrest Suicidal Other:	Jon Son	FC. JUSTIN MENA		nt)		1.D. # 761	(P	RINT)			~~		a / *	1	PAGE	
ľ	<u> </u>	ich # Ti	ransporting Offic	er RD	1D# 761 G	nf Str	Agency	D With	ress he	re if subjec	t signed	whitaha	,///	\	₩ī.	U_{of}	2
<u>_</u>	77 40 00	E				FLOF								_	CSPD	PACK	ET 3

REV. 3/1/19

JUN 0 3 2021

٦	OBTS Number	PROBABLE CAUSE AF	FIDAVIT	1. Arrest 2. N.T.A.	3. Request for 4. Request for		Juvenile
ADMIN	Agency ORI Number Agency Name	REAM POLICE DEPARTME		Agency Report N	1umber 2	11181	<u> </u>
7	Charge Type: 1. Felony	3. Misdemeanor 5. C	Ordinance Other	Specie	al Notes:		
DEF	Name (Last, First, Middle)	4. Italic miscerios 5	Alias	I	Race VIII	Sex Date of 01/10/57	of Birth
	Charge Description DOMESTIC BATTERY	784.03((1)(a)(1)	Charge Descriptio	n .			
ARGES	DOMESTIC BATTER!	/64.63((1),4)	Charge Description	n			
CHA	Victim's Name (Lest, First, Middle)				Race	Sex Date of	of Birth
×	CALICCHIO, CAROL Local Address (Street, Apt. Number)	(City)	(State) (zip)	Phone	WIX	Address Source	
VICTIM	S40 PALM WAY	GULF STREAM	FL 33483 (State) (zip)	(561) 400-0 Phone	678	VICTIM Occupation	
	Business Address (Name, Street) 540 PALM WAY	(City) GULF STREAM	FL 33483	(561)400-0		ARTIST	
	The undersigned certifies and swears that he/she has just The Person taken into custody	_		above named D			ation of law.
	committed the below acts in my presence.	that he	served by s/she saw the arre	ested person o	who to commit the below	acts.	
	admitting to the below facts.						ibed) investigation.
	On the 2 day of JUNE		A. M. P.M.				
	I WAS SITTING WITHIN THE GULF STR REAR PARKING LOT WHEN A WHITE F	EMALE MADE CONTACT WIT	TH ME. I EXIT	ED THE PAT	ROL VEHICLI	e's drivers	SIDE AND THE
	WHITE FEMALE MRS CAROL CALICO	HIO DOB 05/19/1964 TOLD ME	THAT HER HU	SBAND HAD) HIT HER AR!	M. I MADE C	ONTACT WITH
	SGT. O'DONNELL WHO WAS WITHIN TO THE GULF STREAM POLICE STATION.	HE GULF STREAM POLICE ST AT FIRST MRS. CALICCHIO !	'ATION VIA CE REFUSED MED	ILL 2. MRS. ICAL TREA	TMENT. SGT.	O'DONNELL	, MRS.
	CALICCHIC AND LENTERED THE GULF	STREAM POLICE STATION.	OFC. FIDLER	<u>arrived</u> at	T THE GULF S	TREAM POL	ICE STATION
	TO ASSIST. MRS. CALLICHIO WAS IDE STATEMENT OF WHAT OCCURRED. PI	NTIFIED BY A FLORIDA DRIV	ERS LICENSE	. MRS. CALI D'S INJURY.	ICCHIO GAVE MRS. CALICO	A VERBAL A	IND WRITTEN D TO HAVE HER
	INDUDATION AT THE DELBAY RE.	ACH FIRE RESCUE UNIT 1112	ARRIVED AT 1	THE GULF S	TREAM POLIC	E STATION	AND TREATED
	MRS. CALLICHIO'S SWOLLEN LEFT FO MRS. CALICCHIO'S INJURY TO HER RIG	REARM WITH AN ICE PACK.	MRS. CALLIC	HIO WAS NO	OT TRANSPOR	TED TO THE	HOSPITAL.
ĺ	ADVISED US THAT HER HUSRAND'S NA	ME WAS THOMAS CALICCHI	O DOB 01/10/19	57. MR. THO	OMAS CALICO	THIO WAS ID	ENTIFIED BY
١	DAVIDODRIVER AND VEHICLE INFORM	ATION DATABASE W/PICTUR	E). MRS. CAL	LICHIO AD	VISED ME THA	at her husi	BAND HAD BEEN
k	DRINKING. MRS. CALLICCHIO ADVISE HIT HER WHILE THEY WERE WITHIN	THEIR RESIDENCE. THERE W	ÆRE NO WEAI	PONS INVOI	LVED HOWEV	ER MRS. CAL	TCHIO YDAISED
	THAT THERE ARE GUNS WITHIN THE I	HOUSE, MRS. CALICCHIO WA	S GIVEN THE	DOMESTIC	VIOLENCE NO	TIFICATION	PAPER WORK
STA	AS REQUIRED AND DROVE AWAY FROM PALM WAY, GULF STREAM, FL WITHIN	PALM REACH COUNTY, IK	NOCKED ON T	HE FRONT I	DOOR AND SG	T. ODONNEL	L AND I WEKE
CAUSE STATEMENT	GREETED BY THE SON, MR. JON CALLO	CHIO. MR. JON CALICCHIO	THEN WAS A	BLE TO GET	'HIS DAD, MR.	THOMAS CA	Tricchio 10
Ş	SPEAK WITH US. MR. THOMAS CALICO INTO CUSTODY WITHOUT INCIDENT F	CHIO EXITED THE FRONT DO	OR OF HIS RE	SIDENCE. I EAKING TO	MR. THOMAS (MR. CALICCE	IIO INCIDEN	T TO ARREST I
SABLE	DETECTED AN UNKNOWN ALCOHOLIC	SUBSTANCE UPON HIS BREA	ATH. I TRANSF	ORTED MR	a. CALICCHIO	TO THE GUL	FSIRLAM
PROBA	POLICE STATION. WHILE WITHIN THE WARNINGS. MR. THOMAS CALICCHIO	E GULF STREAM POLICE STA	TION I READ	IO MR. THU	MAS CALICU	ито ите ипк	VIINV
Γ	THOMAS CALICCHIO'S WRISTS AND T	HEN HE SAT DOWN ON A CHA	IR. I GAVE M	R. THOMAS	CALICCHIO A	POLITED A	WAIER. SGI.
	ODONNELL AND OFC. FIDLER HAD TO FINISHED THE PAPER WORK THAT WA	RESPOND TO A CALL, MR. T.	HOMAS CALIC	CHIO WAS	PLACED WITH	HIN THE HOL	LDING CELL. I
	FINISHED THE PAPER WORK THAT WA	IS REQUIRED. I THEN TRANS	FURIED MR.	CALICCINO	10 IIID III		
	>						
	STATE OF FLORIDA						
	COUNTY OF PALM BEACH	enard					
Ų	(Circulation of Association House the Offices)				as are non	TIN MENARD	761
STRATIVE	The foregoing instrument was sween to be affirmed and subsc	rither before me this 3 day of 10		20			761
١z		known to me and/or produced identification	on. Type of identificat	ion produced	OFC. JUSTIN MEI	TARD	
ADMI	Notary Public, Clerif of Court, Officer (F.S.S. 117.10)					SCA	NNEL 2
r						11.13.1	OF

SUSPECT/OFFENDER: _

CACECCHE

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)

- Sexual Offense (Ch. 794)

- Attempted Murder

- Attempted Sexual Offense

- Stalking (F.S. 784.048)
- Domestic Violence (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1.	Incident Re	eport#:	1180	·	_ Agency: 💯	UF STREAM
	Offense:	Domestic	- Viole	100		
	Suspect/Of	fender: Tho:	nas C	alicchio		
		01.02-1957			Sex:	m
2.	Warrant #(s):				
					7	
3.a.	Victim's na	ime: CMOL A	WW CACITOCH	70 D.O.B	-//9//969Race:	W Sex: /≥
		540 Parm	11/11			I I
	_	UP STREAM		State: F	Zip:	33183
		61-400-0678	Work #:	561-400-0	678 Other:	
b.	Victim's nex	kt of kin, friend o	r neighbor:			
	City:		7	State:	Zip:	
	Home #:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Work #:		Other:	
NOT	E: PURSUANT	TO F.S. 119.07, THE (CONTENTS OF	THIS FORM MAY	BE SUBJECT TO C	ONFIDENTIALITY.
Vic	tim/Relatio	n Notification	. Waiver a	od Confiden	tial Informat	ion Request
		·	1 Walver at	id Confiden	uai mioi mai	ion requese.
	k applicable bo					
- 1	Waiver:	l choose not	to be notified	i when the arr	estee is release	d from custody.
21	Confidentia	al: I request the	information	on this form b	e kept confider	tial (applicable
		only to sexua	ai battery, st	alking, child a	buse, harassmo	ent or domestic
		violence case	•			
Sign	ature of perso	n waiving notifica	ation:			
Prin	ted name of p	erson waiving no	tification:			SCANNE
Offic	er's Name : (ofc. Justin	Menarl	I.D.#	761 Date	06. URABAZA
		State Attorney (Warı				nk/Central Records



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
L/E Exemptions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
xempt		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (CIs).	
		119.071(2)(e)	Confession.	
'ns		985.04(1)	Juvenile offender records.	
mptio		119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions		395.3025(7)(a), 456.057(7)(a)	Medical information.	
olic Int		394.4615(7)	Mental health information.	
Pul		119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2-3
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Fiorida Rules of Judicial Administration 2.420 (Rule of 23)				
l Administr				
s of Judicia				
Florida Rule				
Ē			Other:	
Other			Other:	

REVIEW COMPLETED BY

	Date: 6/03/21
Booking Number: 2021013476	Specialist Name/ID: J. Beck/9007

SCANNED
JUN 0 3 2021